

Models and Theories of Health Behavior

Key Definitions

Theory

- “a set of interrelated concepts, definitions, and propositions that presents a *systematic* view of events or situations by specifying relations among variables in order to *explain* and *predict* the events of the situations” (Glanz, Lewis, & Rimer, 1997, p. 21)

Concepts

- the primary elements of theories

Model

- “a subclass of a theory” (McKenzie & Smeltzer, 2001, p. 138);
- draws “on a number of theories to help people understand a specific problem in a particular setting or context” (Glanz, Lewis, & Rimer, 1997, p. 24)

Why use theory?

- Help guide the practice of health educators
- “...provides direction and justification for program activities...” (Cowdery et al., 1995, p. 248)
- 4 Uses of Theory
 - Describe
 - Explain
 - Predict
 - Prescribe

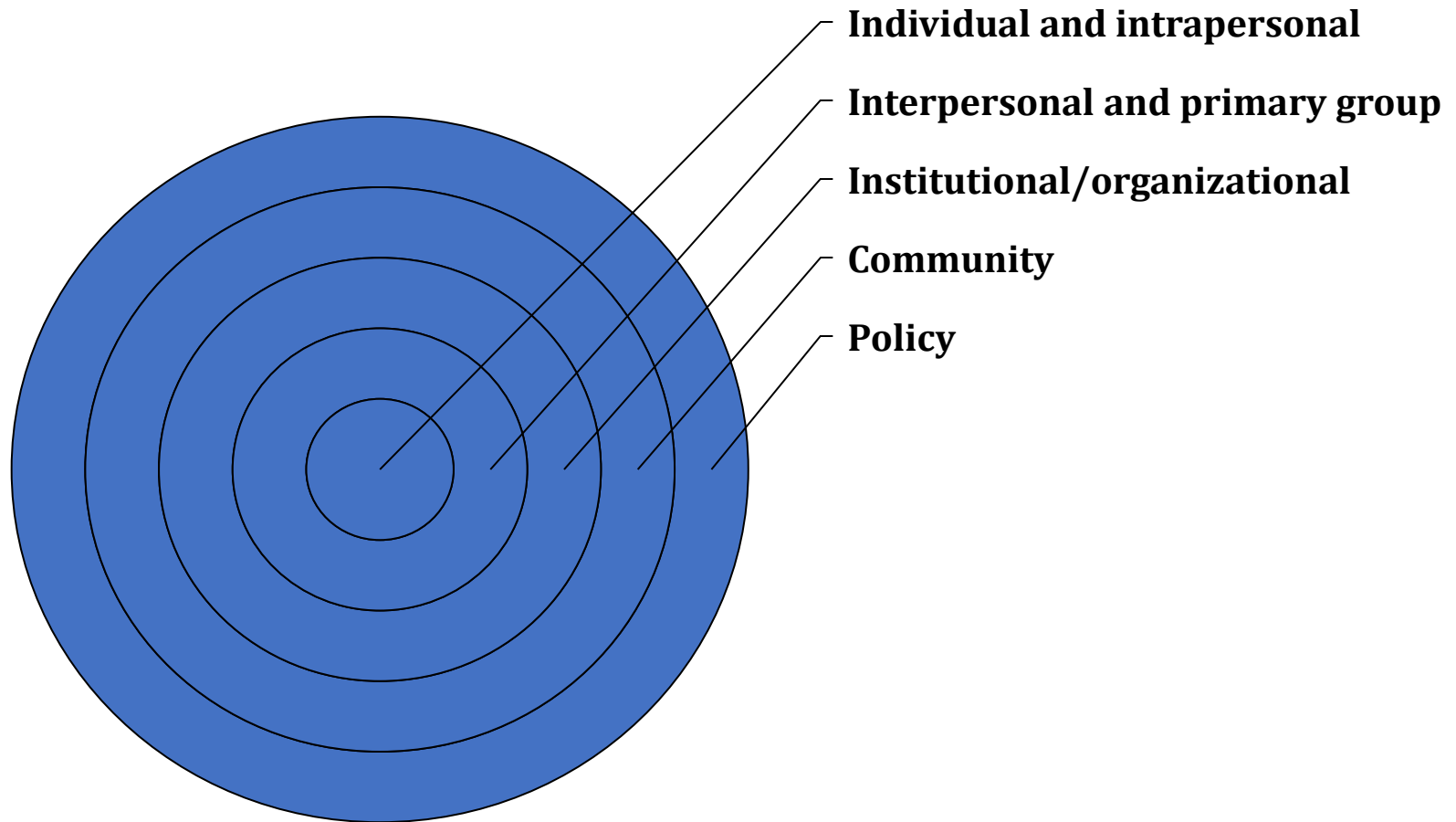
Types of Theories/Models

- Theories/models of **implementation** (for planning, implementation, & evaluation) referred to as **planning** models
- **Change process** theories (for use in behavior change) referred to as behavior change models

Behavior Change Theories/Models

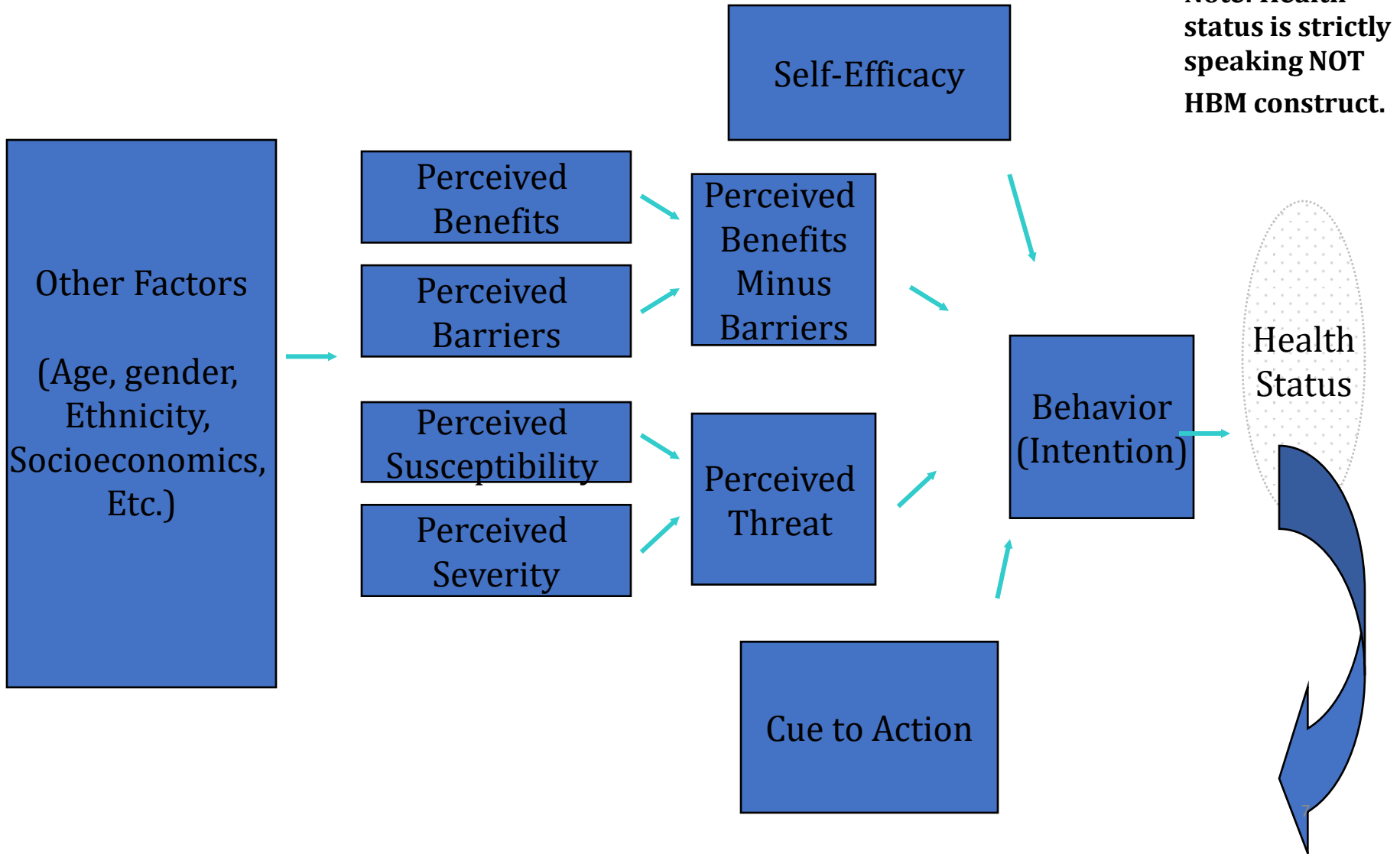
- First need to decide on what level to intervene
- Consider the ecological perspective (McLeroy et al., 1988)
 - Intrapersonal, or individual, factors
 - Interpersonal factors
 - Institutional, or organizational, factors
 - Community factors
 - Public policy factors

Social Ecological Model



**There are five levels of analysis,
levels of factors that influence health behavior.**

Health Belief Model



HBM Conceptual Definitions

- **Perceived susceptibility**
 - Belief about chance or risk of getting condition
- **Perceived severity**
 - Belief of how serious the condition is
- **Perceived benefits**
 - Beliefs about the efficacy of the action in reducing the condition or its consequences
- **Perceived barriers**
 - Beliefs about the costs of the action
- **Cues to action**
 - Stimuli in the environment that triggers the action
- **Self-efficacy**
 - Confidence that one has ability to take the action

HBM Principles of Prediction

• Principles

- Statements about how the world works according to the theory
- People will take a health action (to prevent, screen for, or control a disease) if....
 - They perceive themselves as susceptible to the disease/condition
 - They perceive that the disease is serious
 - They believe the action will be beneficial in reducing susceptibility OR severity
 - They believe the benefits of taking the action outweigh the costs
- Other factors influence behavior indirectly through these perceptions.

Principle of Change in HBM

Behavior is changed by addressing one of the four major determinants of behavior, that is by...

- Increasing perception of susceptibility to the condition
- Increasing perception of severity of the condition
- Increasing perceived benefits of the action (particularly that action will address the condition)
- Decreasing perceived barriers or costs of action

Case Studies

Apply the HBM in a health education session aimed at changing behavior at individual level to address or prevent the following conditions or practices

- Cholera
- HIV/AIDS
- Obesity
- Low consumption of fruits and vegetables
- Inadequate physical activity

Lecture 5: Family & Patient Education

Dr. Susan Nyawade

Session Objectives

1. Define family
2. Discuss types and functions of family
3. Review the family structure
4. Review areas of family assessment
5. Review the impact of illness on the family
6. Discuss the strategies for teaching family members
7. Discuss how to develop a partnership with the family

Definition of a Family

- Family is the basic unit of society and it includes:
 - That person that plays an important role in another person's life
 - Two people living together
 - A single parent
 - Remarried families

- Note:
 - A family member does not have to be a relative.
 - Remarried families have stepchildren included in the family

Types of Family

- Married family
 - Monogamous
 - Polygamous
- Cohabiting couples (with or without children)
- Single parent family
- Blended family (remarriages)
- Homosexual couples

Functions of the Family

- Companionship (“marry for love”)
- Sex and reproduction/procreation
- Socialization of children
- Social support (especially during crises)
- Economic cooperation

Family is Changing

- Late marriages
- Having fewer children
- Increased divorce rates
- Single parent families which are more likely to be poor (young mothers)
- More working mothers

Family Structure

- ***Nuclear family***: Father, mother and children
- ***Extended family***: nuclear family plus grandparents, aunties, uncles, cousins, nieces, nephews etc.
- **Why family?**
 - The health of each family member depends on his/her interaction with other family members
 - How the family functions affects the health of other members
 - How the family functions affects how a patient reacts to illness
 - A patient derives their identity from the family

Reasons for Increasing Need of Family Caregivers

- The increased interest on involvement of family caregivers is a result of:
 - Early discharges from hospital
 - Financial constraints
 - A rising number of people living to advanced ages
 - A growing prevalence of chronic disease

Assessment of Family Structure?

- How to assess:
 - By talking with the patient and family
 - By observing the family interaction
 - By observing who the patient talks about most
 - Observe who in the family visits the patient
 - Observe the patient's reaction when visiting with specific family members
- What to assess:
 - Stage of life the family is (e.g. Early marriage, family with teenagers)
 - Stress level of the family
 - Family expectations
 - How the family functions

Areas of Family Assessment (I)

- **What is the family like?**

- Who is considered part of the family?
- What is the patient's position and role in the family?
- Who has most influence on the patient?
- What are the ages and sex of the family members?
- What are their occupations?
- What is the health status of family members?

Areas of Family Assessment (II)

- **What resources are available to the family?**
 - Can the family provide for the patient's physical needs?
 - Does the home provide sufficient safety and comfort features?
 - What is the patient's ability to perform self-care?
 - What are the health insurance resources?
 - What neighborhood or community resources are available?

Areas of Family Assessment (III)

- **What are the family's educational background, lifestyle, and beliefs?**
 - What is the level of education of the family members and their attitudes toward learning?
 - Are there language barriers to verbal communication?
 - What is the family's lifestyle and cultural background?
 - What are the family's normal dietary patterns?
 - Does the family seem overwhelmed as a result of the need to learn new skills?

Areas of Family Assessment (IV)

- **How does the family seem to function?**
 - Do family members seem to be sensitive to the patient and to each other?
 - Do they communicate effectively with each other?
 - Do key family members have the ability to make effective decisions?
 - What experience does the family have in handling crisis situations?

Areas of Family Assessment (V)

- **What is the family's understanding of the current health care problem?**
 - What do they think has caused the health care problem?
 - Why do they think the problem occurred now?
 - What do they think the illness does to the patient?
 - How severe do they believe the illness is?
 - What kind of treatment do they think the patient should receive?
 - What are the most important results they think the patient should obtain from the treatment?
 - What are the major problems the illness has caused for the family?
 - What do they fear most about the situation?

Areas of Family Assessment (VI)

- **What are the patient and family's teaching needs?**
 - What do they think they need to know?
 - Do they know others with the same health care problem?
 - Do they understand and agree with the treatment plan?
 - Are there any physical or cognitive limitations that will be barriers to learning?
 - Are they willing to negotiate goals with the health care team?

Benefits of Doing a Family Assessment

- To enable you tailor your teaching
- Family may influence patient's belief on the illness
- Family may influence a patient on following ordered instructions if they don't believe on them
- Understanding family cultural beliefs

Impact of Illness on the Family (I)

- The family as a whole is *affected* by the disease process
- Other family members must take some of the functions of the ill person
- A child that is sick can keep a parent up all night causing lack of sleep that would affect work performance
- If the sole bread winner has a heart attack, the whole family would financially be affected.

Impact of Illness on the Family (II)

- The extent of family disruption depends on:
 - Seriousness of the illness
 - The family's level of functioning before the illness
 - Socio-economic status
 - The extent to which other family members can absorb the role of the person who is ill.
 - Effect of chronic disease or death – role changes
 - Economic pressures
 - Stress from taking care of a sick family member
 - Stigmatizing diseases such as HIV/AIDS e.g. hostility from neighbors, abandonment by own family

Effects of Family on Health (I)

- Dysfunctional families and poor parenting:
 - Child abuse: neglect, physical abuse, verbal abuse, sexual abuse
 - Domestic violence
 - Alcoholism and substance-abuse in the family
 - Gambling problems
- Family changes can affect health
- Stressful events like:
 - Divorce
 - Death of a spouse

Effects of Family on Health (II)

- Therefore, family needs to learn about health-related behaviors like:
 - Quality of diet and health (including obesity)
 - Smoking and passive smoking
 - Alcohol (religion & alcohol consumption)
 - Risk-taking behaviors and values (including sexual behavior)

Strategies for Teaching Family Members

- Patient education requires including family members
 - plan with the patient and the family when you will be providing teaching
 - Let them know what to expect

Information that Families Need

- **General information about the patient's health problem:**
 - The causes
 - Consequences
 - Goals for family caregiving efforts
- **When and how to get help from health professionals**
 - for emergencies
 - for calls during office hours
 - facts caregivers should have ready when they call
- **What the family caregivers can do on their own to deal with or prevent problems**
- **How to develop a home caregiving plan**
 - Identifying barriers to carrying out the plan
 - How to deal with barriers

Important Needs of Long-term Family Caregivers

- Information about the disease and resources
- Education-with an emphasis on learning skills in planning, decision making, problem solving, caregiving, and coping
- Respite from the constant demands and stresses of caregiving
- **Support**

Information

- Information enables families to make informed choices about health service utilization
- It assists in knowing when to contact a healthcare professional
- Information reduces fear and anxiety that is associated with chronic illness.

Education

- Assists the patient with psychological adaptation to illness
- Assists family members with adaptation to caregiving
- Enhances skills and promotes self-efficacy
 - the feeling that one is capable of managing problems and of coping with care needs.

Respite

- The caregiver needs a break
 - When extensive care is needed
 - When constant care is needed
 - When one has to deal with behavioral issues

Support

- Joining support groups of people with the same condition
- People with chronic illness and family members caring for them are at high risk of depression
 - Social support can be an important factor in decreasing the potential for depression

Developing a Partnership with the Family

- Caregivers become part of the healthcare team
- Healthcare professionals need to accept the family as part of the team
- Healthcare professionals need to support and encourage the family
- Family caregivers should not expect health professionals to solve problems for them
- Health professionals should not believe that they should be the primary problem solvers for the family.

Questions?



Lecture 6: School Health

Dr. Susan Nyawade

Session Objectives

1. Define school and school health
2. Identify common school health problems
3. Explain the importance of targeting school children
4. Describe the components of school health programs
5. Discuss the role of health education in school health
6. Discuss the roles of key stakeholders (school health team) in promoting health in schools

Definition of School

- An institution designed to provide learning spaces and environments for the teaching of students (or "pupils") under the direction of teachers
- An instructional institution where groups of students pursue defined studies at defined levels
- A place where students receive instructions from one or more teachers
- A place where students interact with employees such as the principal, teachers, maintenance staff, etc.

Why School Children?

- They are of vital importance to the community
- They constitute a sizeable segment of the population
- They are subject to the risks and dangers of communicable diseases
- They are undergoing the stresses and strains of growth and development
- They come from a diverse socio-economic status and cultural background that affect their health and nutritional status

School Health

- **School health** is a state of complete physical, mental, social and spiritual wellbeing and not merely the absence of disease or infirmity among students, teachers and other school personnel.
- **School health programmes** provide need based comprehensive services to students to promote and protect their health, control diseases and maintain health

School Health Problems (I)

- Malnutrition
- Infectious diseases
- Intestinal parasites
- Skin, eye and ear diseases
- Dental problems
- ***Behavioural problems***

School Health Problems (II)

- Behavioral problems:
 - ***Anti-social behaviors***: stealing, lying, gambling, destructiveness, sexual offences
 - ***Habit disorders***: nail biting, thumb sucking, bed wetting
 - ***Personality disorder***: temper tantrum, shyness, day dreaming and jealousy
 - ***Educational difficulties***: school fear, school failure

School Health Services

- Preventative Services
- Education
- Emergency Care
- Referral
- Management of acute & chronic conditions

Philosophy of School Health Services (I)

- Prevention is better than cure
- Early detection so that there is timely intervention
- Follow up care
- Rehabilitation of physically and mentally challenged
- Health knowledge will not only benefit the child but the school, family and community

Philosophy of School Health Services (II)

- A healthy child:
 - Is mentally alert and receptive
 - Will not miss school due to minor illnesses
 - will have better performance in school
 - Has mental, physical, spiritual and social health components

Principles of School Health Services

- Should be based on health needs of children
- Should be planned in coordination with the school administration, school personnel, parents and the community (**Children/pupils/students**)
- Should be part of **MoH** community health services
- Should focus on promotive and preventive services
- Should emphasize health education
- Should be a continuous and ongoing process
- Should have an effective record keeping and reporting system

Components of School Health Programs (I)

Components

1. Health promotive and protective services
2. Therapeutic services
3. Rehabilitative services
4. School health records (Record keeping)

Components of School Health Programs (I)

1. Health promotive and protective services:

- Safe school environment
- Maintenance of personal hygiene
- Nutritional services
- Physical and recreational activities
- Promotion of mental health
- Health education
- Immunizations

Components of School Health Programs (II)

2. Therapeutic services:

- Health appraisal
- Treatment and follow-up
- First aid and emergency care
- Specialized healthcare services

3. Rehabilitative services:

- Care of the handicapped

4. School health records:

- Each child should have their own health record

School Environment

- **Value of Sanitary Environment:**
 - Basic preventive measure of communicable diseases
 - Contributes to health promotion
 - Provides feeling of comfort and enhances educational achievement

School Nutrition Services

Integration of:

- Nutrition Education
- Nutritious and appealing meals
- Food Safety and hygiene

Physical & Recreation Activities

- Promotes musculoskeletal development
- Releases mental and physical stress
- Helps to achieve optimal health
- Promotes growth and development

First Aid & Emergency Care

- For students who become sick or injured on school premises
- Accidents leading to minor or serious injuries
- Teachers that are available on the spot should provide such care and/or *refer*

Mental Health

- School is the most strategic place for shaping a child's behavior and promoting mental health
- No distinction should be made between race, religion, community, rich, poor, clever and dull students
- *Juvenile delinquency, maladjustment and drug addiction are becoming popular in schools*

Eye Health

- School should be responsible for early detection
- Referral for treatment of eye infection

School Health Education

- The learning experiences in health which take place in school
- Health education aims at imparting or improving skills, knowledge and positive attitudes for optimal
 - Emotional health
 - Social health
 - Physical health
 - Mental health

Health Education of Children Living with Disability (Handicapped)

- The ultimate goal is:
 - Assist the child and family to attain maximum potential
 - To lead as normal life as possible
 - To become a productive and self-supporting member of the society

School Health Record

- Maintenance of a health record of each student with
 - Identifying data
 - Past health history
 - Results of physical exams, tests, screenings
 - Immunizations

School Counseling/Social Services

- Deals with the cognitive, emotional, behavioral and social needs of students (mental health services)
- Services are extended to families, schools and the whole community
- Services include:
 - home visits
 - individual and small group counseling
 - Classroom instruction
 - Consultation and referrals as needed to community agencies.

Objectives of a School Health Program

- Health promotion of school children
- Prevention and control of diseases and hazards
- Early diagnosis, treatment and follow-up of defects
- Provision of healthful and supportive environment
- Rehabilitation of the handicapped

Health Promotion

- Adequate nutrition in terms of quantity and quality
- Sanitary school environment
- Meeting the needs for mental development
- Physical fitness and activities
- Social activities and recreation

Health Promoting Schools

- **Focus On:**

- Caring for oneself and others
- Making healthy decisions and taking control over life's circumstances
- Creating conditions that are conducive to health
- Preventing leading causes of death, disease and disability
- Influencing health-related behaviors

Prevention of Leading Causes of Death

- These are initiated during youth:
 - Tobacco use
 - Behavior that results in injury and violence
 - Alcohol and substance use
 - Dietary and hygienic practices that cause disease
 - Sexual behavior that causes unintended pregnancy and diseases

School Health Team

- The principal/Head Teacher
- Teachers
- Parents
- The community
- The children
- The school nurse

Principal's Role

- Ensure the school health program has the support and approval of administrative authority
- Set up a school health committee to develop a school health plan and manage its implementation
- Ensure teachers are adequately trained in healthcare of school children
- Ensure maintenance of proper health records

Teacher's Role

- Screening suspected cases through supervision of the students in the classrooms
- Participation in health education program
- Supporting mental health promotion
- Referral of children with problems
- Keeping parents informed
- Performing first aid as needed

Parents' Role

- Follow-up on children found to be sick
- Assist in formation of good healthy living behavior
- Should be actively involved in school health program planning and implementation

Role of the Community

- Provide suitable land for school
- Provide funds and labor for building
- Participate in school health committees
- Participate in school health program implementation
- Motivate parents to take their children to school
- Encourage parents to take care of the health of their children

Role of the Children

- Learn values of medical exams, hygiene, nutrition, etc.
- Cooperate with aspects of school health program
- Develop positive habits and healthful behavior

Role of the School Nurse

- The nurse takes care of all the factors that influence the health of the child such as:
 - School and family environment
 - Health knowledge and attitudes of the child and family
 - Family and individual health history
 - Family and community resources

Questions?

